MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-011944
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 672

FILED MAR 27 1961

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Manchester
Length of stay in 1b: 3 mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Manchester Nurs. Hme.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Overland
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 9527 Holtwood
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ALFRED Middle: LUNA Last: GRISHAM
4. DATE OF DEATH: Month: March Day: 9 Year: 1961
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11-22-1876
9. AGE (last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker
10b. KIND OF BUSINESS OR INDUSTRY: Mo. Stables
11. BIRTHPLACE (City and state or country): Rolla, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Newton Grisham
13b. MOTHER'S MAIDEN NAME: Ellen Williams
14. NAME OF HUSBAND OR WIFE: Jennie (dcd)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): None
17. INFORMANT: Mrs. Goldie Bettis Address: Overland-9527 Holtwood

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchial Pneumonia
INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cardio-vascular Arteriosclerosis, Hypertension
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Jan. 16, '61 to March 8, '61 and last saw her/him alive on March 8, 1961
Death occurred at 12:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Ralph W. Laffey, D.O. (Degree or title)
22b. ADDRESS: Box 122, Manchester, Mo.
22c. DATE SIGNED: 3-10-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-11-1961
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park
23d. LOCATION (City, town, or county) (State): Jennings, Missouri
24. FUNERAL DIRECTOR: BAUMANN BROS. INC. FUNERAL HOME
2504 WOODSON ROAD
OVERLAND 14, MISSOURI
(Licensed Embalmer's Statement on Reverse Side)
25. DATE RECD. BY LOCAL REG.: 3-10-61
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed David C. Gibson
Signature of Student Embalmer

Licensed Embalmer No. 3457

P. O. Address Overland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.